Obstetric Emergencies

CFR and All Provider Levels

1. ABCs and vital signs
2. Airway management and appropriate oxygen therapy
3. Check for crowning if the mother is having contractions, the urge to push, or has the sensation of having a bowel movement. If crowning is present, prepare for imminent delivery
4. If delivery has begun, treat appropriately
5. If delivery is not imminent, place the patient in a LEFT lateral recumbent position
6. Assess for shock and treat as needed

CFR STOP

EMT

7. Request ALS assistance if delivery is imminent or for any special emergency childbirth considerations
8. For vaginal bleeding in pregnancy:
    - Place dressings over the vagina to help estimate the quantity of blood loss
    - If the patient is immediately post-partum, massage the mother's abdomen over the uterus
9. Transport

EMT STOP

Paramedic

10. Obtain intravascular access for patients with severe pre-eclampsia, eclampsia or post-partum hemorrhage
11. For patients with eclampsia (i.e. seizures secondary to elevated blood pressures during pregnancy), administer Magnesium Sulfate 4 g IV (diluted in 50-100 ml Normal Saline) over 10 minutes

Paramedic STOP

Medical Control Options

12. For severe pre-eclampsia, administer Magnesium Sulfate 2 g IV (diluted in 50-100 ml Normal Saline) over 10 minutes

Key Points / Considerations

- Consider supine hypotension syndrome as a cause of shock
- Severe pre-eclampsia is when pregnant patients have BOTH of the following conditions:
    - Systolic blood pressure ≥ 160 mm Hg OR a diastolic blood pressure ≥ 110 mm Hg
    - Symptoms of a headache, visual disturbances, pulmonary edema or lower extremity edema
- Eclampsia and pre-eclampsia do not occur prior to 20 weeks of gestation
- Eclampsia and pre-eclampsia may occur up to one (1) month post-partum